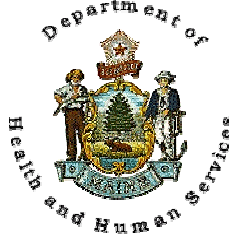


John Elias Baldacci
Governor



John R. Nicholas
Commissioner

Maine Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011
Bureau of Medical Services

November 29, 2004

TO: Interested Parties

FROM: Christine Gianopoulos, Acting Director, Bureau of Medical Services

SUBJECT: Final Rule: MaineCare Benefits Manual, Chapters II and III, Section 58, Licensed Clinical Social Worker and Licensed Clinical Professional Counselor Services.

This final rule adds Licensed Marriage and Family Therapists as approved providers of prior authorized professional assessment, counseling and therapeutic services to children or adults referred by the Bureau of Child and Family Services or the Bureau of Elder and Adult Services. For billing purposes, the prior authorization number is required on the HCFA 1500 claim form. Other changes reflect the standardization of MaineCare terminology. As a result of comments received, the Department has removed the HCPCS and CPT codes and rates associated with those codes from Chapter III. The Department will notify providers of the correct codes and rates associated with those codes at least 30 days prior to implementation of the code conversion.

A public hearing was held on July 20, 2004. Written comments were received on the proposed rule until July 30, 2004. This rule will be effective for services provided on or after December 5, 2004.

Rules and related rulemaking documents may be reviewed at and printed from the Bureau of Medical Services website at: <http://www.maine.gov/bms/MaineCareBenefitManualRules.htm> or, for a fee, interested parties may request a paper copy of rules by contacting at 207-287-9368. The TDD/TTY number is 1-800-423-4331.

A copy of the public comments and Department responses can be obtained by calling 207-287-9368 or TTY: (207) 287-1828 or 1-800-423-4331.

If you have any questions regarding the policy, please contact your Provider Relations Specialist at 287-3094, or 1-800-321-5557, extension option 9 or TTY: (207)287-1828 or 1-800-423-4331 or e-mail your questions to BMS.inquiry@Maine.gov.

Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, Bureau of Medical Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapters II and III, Section 58, Licensed Clinical Social Worker and Licensed Clinical Professional Counselor Services

ADOPTED RULE NUMBER:

CONCISE SUMMARY: This final rule adds Licensed Marriage and Family Therapists as approved providers of prior authorized professional assessment, counseling and therapeutic services to children or adults referred by the Bureau of Child and Family Services or the Bureau of Elder and Adult Services. The rule updates standard terminology throughout the rule and deletes obsolete text regarding policies and procedures and billing instructions with references to Chapter I, General Administrative Policies and Procedures. As a result of comments, the Department has removed the HCPCS and CPT codes and rates associated with those codes from Chapter III. The Department will notify providers of the correct codes and rates associated with those codes at least 30 days prior to implementation of the code conversion.

See <http://www.maine.gov/bms/MaineCareBenefitManualRules.htm> for rules and related rulemaking documents.

EFFECTIVE DATE: December 5, 2004

AGENCY CONTACT PERSON: Greg Nadeau, Health Planner

AGENCY NAME: Division of Policy and Provider Services

ADDRESS: 442 Civic Center Drive

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SECTION 58

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Eff.

12-5-04 58.01 **DEFINITIONS**

58.01-1 Counseling Services Counseling Services for the purposes of this Section shall mean prior authorized professional assessment, counseling, and therapeutic services to children or adults by a Licensed Clinical Social Worker, Licensed Clinical Professional Counselor or Licensed Marriage and Family Therapist; the purposes of which are to identify and treat the personal and family factors which resulted in abuse, neglect, or exploitation to the MaineCare member.

For parents and caretakers, this means:

1. assisting them in understanding the connection between these factors and the harm which resulted to the member; and
2. developing relationship and management techniques which will not cause harm to the member.

For members, this means treatment to alleviate the dysfunctional behaviors which:

1. appear to be the result of harm; and/or
2. appear to be part of the individual or family dynamics which resulted in the harm.

A byproduct of the therapy may be a more positive orientation, relief of stress, and growth toward more integrated and independent levels of functioning.

58.01-2 Family Family is defined, for the purposes of this section, as a unit of, at a minimum, the member and at least one parent, foster parent or guardian, but which may also include other relatives or significant others, whether or not they are living in the same household.

Eff.

12-5-04 58.02 **ELIGIBILITY FOR CARE**

Individuals who meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual are eligible for medically necessary covered services as set forth in this Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

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58.03 DURATION OF CARE

Each eligible member may receive covered services which are medically necessary and provided within the guidelines of this Section. The Department reserves the right to request additional information to evaluate medical necessity.

58.04 PRIOR AUTHORIZATION

All services require prior authorization as outlined below.

Eff. 12-5-04 A caseworker or casework supervisor from the Bureau of Child and Family Services or Bureau of Elder and Adult Services refers a member to a counseling provider and initiates the prior authorization process.

Eff. 12-5-04 The provider will receive a prior authorization letter containing an authorization number and a description of the type, duration and costs of the services authorized. The provider shall retain this letter in the case record for audit purposes. Questions about the content of the prior authorization letter can be directed to the authorizing caseworker or the regional administration office that issued the letter. The provider is responsible for providing services in accordance with the prior authorization letter. All services require prior authorization. The prior authorization number is required on the HCFA 1500

Eff. 12-5-04 claim form. All extensions of services beyond the original authorization must be prior authorized by this same procedure.

58.05 COVERED SERVICES

Eff. 12-5-04 A covered service is a prior authorized service for which payment to a provider is permitted under this section of the MaineCare Benefits Manual.
Covered services include:

A. Counseling services (refer to Section 58.01-1), which may be provided through:

Eff. 12-5-04 1. Individual Psychotherapy, which is a method of treatment of mental illness and emotional disorders using the interaction between a therapist and a member to promote emotional or psychological change to alleviate mental disorder; or to effect a change in the attitude and behavior of a member;

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58.05 COVERED SERVICES (Cont.)

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|--------------|--|
| Eff. 12-5-04 | <ul style="list-style-type: none">2. Family Psychotherapy, which for purposes of this section, is treatment carried out to ameliorate a problem resulting from a conflict involving at least one member and requires the presence of two or more family members, at least one of whom must be MaineCare eligible; or3. Group Psychotherapy, which is intended to utilize a group process to facilitate individual change. Group Psychotherapy services provided by a co-therapist must be billed at the rate for group therapy by a counseling co-therapist. |
| Eff. 12-5-04 | <p>B. Collateral contacts, which must be face-to-face contacts on behalf of the member by a Licensed Clinical Social Worker, Licensed Clinical Professional Counselor or Licensed Marriage and Family Therapist to seek information, or discuss the member's case, with professionals, caregivers, or others included in the service plan in order to achieve continuity of care, coordination of services and the most appropriate mix of services for the member. The member need not be present during collateral contacts. Consultations with referring agencies are not considered collateral contacts.</p> <p>Discussions or meetings between staff of the same agency or contracted agency are not considered collateral contacts unless they are part of a team meeting which includes other professionals and/or caregivers who are not employed by the same agency or clinic, but are included in the treatment plan.</p> |
| Eff. 12-5-04 | <p>C. Evaluations:</p> <ul style="list-style-type: none">1. Psychosocial evaluations are limited to the determination and examination of the psychosocial situation of an individual or group related to interpersonal and interpersonal stress, family background, family interaction, living arrangements and socioeconomic problems and treatment, evaluation, plans and goals, including the diagnosis of mental illness and emotional disorders for the purpose of treatment and therapeutic intervention, but excluding the diagnosis of organic mental illness or treatment of any illness by organic therapy.2. Adult protective evaluations assess:<ul style="list-style-type: none">a. the member's mental capacity (global or specific); the effect of the member's physical disabilities on mental capacity; the member's ability to make and communicate responsible decisions; including ability to consent to sexual activity; |
| Eff. 12-5-04 | <ul style="list-style-type: none">2. Adult protective evaluations assess:<ul style="list-style-type: none">a. the member's mental capacity (global or specific); the effect of the member's physical disabilities on mental capacity; the member's ability to make and communicate responsible decisions; including ability to consent to sexual activity; |

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58.05 COVERED SERVICES (Cont.)

- b. the member's physical functioning capacity including: the effects of any physical disabilities on the member's ability to meet his or her own physical and functional needs; and
 - c. the caretaker's capacity including: the ability to understand and provide the necessary care to the incapacitated or dependent adult.
3. Child and family service evaluations assess:

Eff. 12-5-04

- a. the parent's capacity, in a time frame to meet the child's needs, including:
 - the ability to care for and protect the child;
 - amenability to treatment;
 - attachment or bonding to the child;
- b. the child's:
 - bonding or attachment to each parent and/or other caretakers;
 - the extent and severity of abuse or neglect;
 - treatment needs (nurturing, placement);
 - amenability to treatment;
- c. the perpetrator, including:
 - the extent of danger to member in question; and
 - amenability to treatment.

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12-5-04

Although MaineCare-eligible members are the focus of services provided, other non MaineCare-eligible family members, including parents or foster parents or guardians, may receive family counseling services that directly benefit the member and if included in the member's treatment plan and only if the MaineCare-eligible member is present and participating in the family counseling.

58.06 NONCOVERED SERVICES

Refer to Chapter I, General Administrative Policies and Procedures for rules governing non-covered services in general. Other services not specifically included in "Covered Services" are noncovered.

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58.07 **LIMITATIONS**

Eff.
12-5-04

- 58.07-1 Psychosocial evaluations are limited to a total of five (5) hours; four (4) of hours evaluation time and one (1) hour of report writing.
- 58.07-2 Adult protective or child and family evaluations are limited to a total of seven (7) hours; five (5) hours of examination/evaluation time and two (2) hours for report writing.

58.08 **POLICIES AND PROCEDURES**

58.08-1 Setting

All services are intended to be provided in a setting appropriate to the member's needs.

58.08-2 Approved Staff

A. Licensed Clinical Social Worker

A clinical social worker must be currently licensed by the Maine State Board of Social Worker Licensure to practice as a licensed clinical social worker or as a certified social worker-independent practice.

Wherever licensed clinical social worker is used in this policy, certified social worker-independent practice may be used interchangeably.

B. Licensed Clinical Professional Counselor

A clinical professional counselor must be currently licensed by the Maine State Board of Counseling Professional Licensure to practice as a licensed clinical professional counselor.

C. Licensed Marriage and Family Therapist

A licensed marriage and family therapist must be currently licensed by the Maine State Board of Counseling Professional Licensure to practice as a licensed marriage and family therapist.

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58.08 POLICIES AND PROCEDURES (Cont.)

Eff. 12-5-04

58.08-3 Clinical records

A. Service Documentation

1. Psychosocial Evaluation

A psychosocial evaluation, which must include a direct encounter with the member, shall be performed and results included in the member's clinical record. The psychosocial evaluation must include the member's medical and social history and the member's diagnosis, if applicable.

2. Individual Treatment/Service Plan

Based on the psychosocial evaluation of the member, a comprehensive written plan of care shall be developed, including the defined goals and outcomes of treatment and services to be provided.

Based on the psychosocial evaluation of the member, a comprehensive written plan of care shall be developed, including the defined goals and outcomes of treatment and services to be provided.

3. Progress Notes

Written progress notes must be maintained in chronological order for each counseling service billed.

Eff.
12-5-04.

Notes must include: the servicing provider, date of service, duration of service and progress the member is making toward goals. All notes must have original signatures by the individual who performed the service.

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12-5-04

Documentation must be made in the member's records to justify the clinical need for all extensions of counseling services.

The clinical record must also specifically include written information or reports on all medical consultations,

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58.08 POLICIES AND PROCEDURES (Cont.)

Eff.
12-5-04

psychometric testing and psychosocial evaluations done by licensed professionals, collateral contacts made on behalf of the member (including the name and relationship to member) and all authorization letters by the Department of Health and Human Services.

B. Discharge/Closing Summary

A closing summary shall be signed and dated and included in the clinical record. The summary shall include:

1. Reasons for terminating counseling services.
2. Provisions for referral of the member to other programs and community resources upon case closure, when appropriate.
3. Determination of whether the counseling services were successfully or unsuccessfully completed, and the reasons for the determination.

58.08-4 Surveillance and Utilization Review

Eff.
12-5-04

Refer to Chapter I, General Administrative Policies and Procedures of the MaineCare Benefits Manual for a definition and description of Surveillance and Utilization Review.

58.09 REIMBURSEMENT

Reimbursement is available for covered services provided in accordance with these rules.

A. The amount of payment for services rendered shall be the lowest of the following:

1. the appropriate amount listed in Chapter III of this Section;
2. the lowest amount allowed by the Medicare Part B carrier; or
3. the licensed clinical social worker's, licensed clinical professional counselor's or licensed marriage and family therapist's usual and customary charge.

Eff.
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58.09 REIMBURSEMENT (Cont.)

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|-----------------|---|
| Eff.
12-5-04 | B. In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to seek payment from other third-party payors prior to billing MaineCare for a rendered service. |
| | C. Any reimbursement received in excess of the amount authorized, as evidenced by the Prior Authorization letter, is subject to repayment to the Department. |
| Eff.
12-5-04 | D. Interpreter services for members who are deaf/hard-of-hearing, or who need language interpreters are to be provided in accordance with the guidelines specified in Chapter I of the MaineCare Benefits Manual. |

58.10 CONFIDENTIALITY

The disclosure of information regarding members participating in the MaineCare program is strictly limited to purposes directly connected with the administration of MaineCare. Providers shall maintain the confidentiality of information regarding these individuals in accordance with 42 CFR §431 et seq. and other applicable sections of state and federal laws and regulations.

Please see Chapter I for additional information regarding confidentiality requirements.

58.11 BILLING INSTRUCTIONS

Providers must bill in accordance with the Department's Billing Instructions for the HCFA-1500 Claim Form.

Only one eligible member's MaineCare number shall be billed for family psychotherapy regardless of the number of eligible members within the family receiving services.

Each eligible member's MaineCare number shall be billed for group psychotherapy.

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12-5-04

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PROCEDURE CODE	DESCRIPTION	<u>Prior Authorized</u>	<u>Maximum Allowance</u>
CODES FOR MEMBERS AUTHORIZED THROUGH THE BUREAU OF CHILD AND FAMILY SERVICES			
Z9715	1/4-HOUR COLLATERAL SERVICES	YES	\$10.60
Z9716	1/4-HOUR GROUP PSYCHOTHERAPY	YES	\$2.65
Z9719	1/4 HOUR GROUP PSYCHOTHERAPY BY A CO-THERAPIST	YES	\$2.65
Z9717	1/4-HOUR INDIVIDUAL PSYCHOTHERAPY	YES	\$10.60
Z9718	1/4-HOUR FAMILY PSYCHOTHERAPY	YES	\$10.60
Z9705	1/4-HOUR PSYCHOSOCIAL EVALUATION	YES	\$12.50
Z9720	1/4-HOUR CHILD AND FAMILY SERVICE EVALUATION	YES	\$12.50
Z9708	1/4-HOUR COLLATERAL SERVICES	YES	\$10.60
Z9709	1/4-HOUR GROUP PSYCHOTHERAPY	YES	\$2.65
Z9722	1/4-HOUR GROUP PSYCHOTHERAPY BY A CO-THERAPIST	YES	\$2.65
Z9710	1/4-HOUR INDIVIDUAL PSYCHOTHERAPY	YES	\$10.60
Z9711	1/4-HOUR FAMILY PSYCHOTHERAPY	YES	\$10.60

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PROCEDURE CODE	DESCRIPTION	<u>Prior Authorized</u>	<u>Maximum Allowance</u>
Z9712	1/4-HOUR PSYCHOSOCIAL EVALUATION	YES	\$12.50
Z9723	1/4-HOUR ADULT PROTECTIVE EVALUATION	YES	\$12.50

Eff. ALL PROCEDURE CODES IN THIS SECTION WILL CHANGE TO HIPAA COMPLIANT CODES. MAINECARE WILL
12-5-04 SEND A WRITTEN NOTICE TO ALL PROVIDERS AT LEAST 30 DAYS IN ADVANCE, NOTIFYING
THEM OF THE CODING CHANGES FOR THE FOLLOWING PROCEDURE CODES.